

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP		
	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1							51			
2							52			
3							53			
4							54			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	40						TOTAL IND.			
TOTAL DEP.	14						TOTAL DEP.			
	14									
	18									